

VA Greater Los Angeles Healthcare System

Los Angeles, CA

VA Loma Linda Healthcare System Loma Linda, CA

Loma Linda, CA

VA Long Beach Healthcare System

Long Beach, CA

VA San Diego Healthcare System

San Diego, CA

VA Southern Nevada Healthcare System Las Vegas, NV

Barbara Fallen, Acting Network Director 300 Oceangate, Suite 700 Long Beach, CA 90802

DEPARTMENT OF YETERANS AFFAIRS

VA Desert Pacific Healthcare Network 300 Oceangate, Suite 700 (10N/22) Long Beach, CA 90802

November 2010

Subject: Medical Statement for Service-Connected Disabled Veterans in order to obtain waiver of California Department of Motor Vehicles registration fees.
This is to certify thatmeets the service-connected qualifications
(Veteran's Name)
of a Disabled Veteran, according to the provisions of the California Vehicle Code Section 295.7, as identified below (check one or more boxes):
\square Has a service-connected disability which has been rated at 100% disabled due to a diagnosed disease or disorder which substantially impairs or interferes with mobility; or,
\Box Is so severely disabled as to be unable to move without the aid of an assistive device; or,
☐ Has lost, or has lost use of, one or more limbs; or,
\square Has suffered permanent blindness as defined in Section 19153 of the California Welfare and Institutions code.
I certify that I, am an authorized employee of the United States (print name)
Department of Veterans Affairs and I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct and that I will retain information sufficient to substantiate the certification and shall make that information available for inspection by the Medical Board of California, at the department's request. (CVC Section 22511.55). (Note: Assembly Bill 2777, Statutes of 2010, removed the requirement that a physician sign this certification.)
Executed at (City/State): Date:
Signature Printed Name
Phone #:
Waters Deliver this form also with a second and also also DMV form DECOSCA (see

Veteran: Deliver this form, along with a **completed and signed** DMV form REG256A, to:

- 1) A local DMV Field Office, or
- 2) By mail to: DMV

Special Processing Unit, MS D238

P.O. Box 932345

Sacramento, CA 94232-0001